

**Application Data Sheet**

**Application Information**

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|---|--|
| <b>Application Type::</b>               | Regular  |
| <b>Subject Matter::</b>                 | Utility  |
| <b>Suggested classification::</b>       | None   |
| <b>Suggested Group Art Unit::</b>       | None   |
| <b>CD-ROM or CD-R?::</b>                | None   |
| <b>Computer Readable Form (CRF)?::</b>  | No   |
| <b>Title::</b>                          | DEVICE AND METHOD FOR<br>CONTROLLED EXPRESSION OF<br>GASES FROM MEDICAL FLUIDS<br>DELIVERY SYSTEMS |
| <b>Attorney Docket Number::</b>         | 355908-8201  |
| <b>Request for Early Publication?::</b> | No   |
| <b>Request for Non-Publication?::</b>   | No   |
| <b>Suggested Drawing Figure::</b>       | 1  |
| <b>Total Drawing Sheets::</b>           | 15   |
| <b>Small Entity?::</b>                  | Yes  |
| <b>Petition included?::</b>             | No   |
| <b>Secrecy Order in Parent Appl.?::</b> | No   |

**Applicant Information**

|                                      |               |
|--------------------------------------|---------------|
| <b>Applicant Authority Type::</b>    | Inventor      |
| <b>Primary Citizenship Country::</b> | US            |
| <b>Status::</b>                      | Full Capacity |
| <b>Given Name::</b>                  | David G.      |
| <b>Family Name::</b>                 | MATSUURA      |
| <b>City of Residence::</b>           | Encinitas     |

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**Country of Residence::** US  
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**State or Province of mailing address::** CA  
**Postal or Zip Code of mailing address::** 92024

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
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**Given Name::** Philip J.  
**Family Name::** SIMPSON  
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**Primary Citizenship Country::** Canada

**Status::** Full Capacity

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**Primary Citizenship Country::** Canada

**Status::** Full Capacity

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**Correspondence Information****Correspondence Customer Number::** 38706**E-Mail address::** PTOMailSiliconValley@foley.com**Representative Information****Representative Customer Number::** 38706**Domestic Priority Information**

| <b>Application::</b> | <b>Continuity Type::</b>                                | <b>Parent Application::</b> | <b>Parent Filing Date::</b>              |
|----------------------|---|-----------------------------|--|
| This Application     | National Stage of                                       | PCT/CA2003/001645           | 10/28/2003<br>(Claims amended 8/10/2004) |
| PCT/CA2003/001645    | An application claiming the benefit under 35 USC 119(e) | 60/421,781                  | 10/29/2002                               |

**Foreign Priority Information**

| <b>Country::</b> | <b>Application number::</b> | <b>Filing Date::</b> | <b>Priority Claimed::</b> |
|------------------|-----------------------------|----------------------|---------------------------|
|                  |                             |                      |                           |

**Assignee Information****Assignee Name::** Vasogen Ireland Limited